

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004118

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

624

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON1. **FILED JAN 25 1963**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis, Missouri**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **St. Francois**c. CITY OR TOWN **Flat River**Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BARNES HOSPITAL**Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
108 Mullberry St.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First **Minnie** Middle **B.** Last **Sitzes**4. DATE OF DEATH
Month **January** Day **20** Year **1963**

5. SEX

F.

6. COLOR OR RACE

W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/24/1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Marquand, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William R. Brown

13b. MOTHER'S MAIDEN NAME

Liza Winfred

14. NAME OF HUSBAND OR WIFE

C.F. Sitzes, 108 Mullberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

C.F. Sitzes, 108 Mullberry, Flat River, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **Brain Tumor, Meningioma**INTERVAL BETWEEN ONSET AND DEATH
2 yrs.

Conditions, if any, which gave rise to above cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/19/63to **1/20/63**and last saw her alive on **1/20/63**Death occurred at **3:15 a.m.**

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. L. Rhston, Jr. M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

1/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/23/63

23c. NAME OF CEMETERY OR CREMATORY

K.P. Cemetery

23d. LOCATION (City, town, or county)

Flat River, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sparks Funeral Home, Flat River, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 21 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald Bing

Licensed Embalmer No.

2863

P. O. Address

H. J. Jamin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.